



Employment Application Form

| <u>For OFFICE USE ONLY</u> | |
|----------------------------|----------------------------|
| Date Received | : |
| Received By | : |
| Application Number | : ZMFP/HR/EAF/ ___/___/___ |

Please attach a recent
passport size photograph

- Please provide complete and correct information as this will be used in your record.
- All fields are mandatory. Please use block letters and avoid initials and abbreviations where possible.
- Please attach your resume/Bio data /CV and copies of your supporting documents.

| PERSONAL DETAILS | | | |
|--|------------|---|---|
| Title (Mr./Ms./Dr) | First Name | Middle Name | Last Name |
| | | | |
| Position Applied For | | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | Nationality: | <input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC |
| Date of Birth (dd/mm/yyyy) : ___/___/_____ | | Place of Birth: | |
| Father's Name : | | | |
| Mother's Name : | | | |
| Contact Number(s) : | | Email ID: | |
| Emergency Contact Name and Number : | | | |
| Current Address : | | Permanent Address : | |
| City : | State : | City : | State : |
| PIN : | | PIN : | |
| Permanent Account Number (PAN) : | | VIN (Voters ID) : | |
| AADHAR No : ___/___/___ | | Passport Number : | |
| Driving License Number : | | Driving License Validity (dd/mm/yyyy) : ___/___/_____ | |
| Bank Account No : | | Bank Name & Branch : | |
| Have you ever been convicted by any criminal court with fine and/or imprisonment? [Please (X)] Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If "Yes" please give details : | | | |
| Do you have any medical condition or disability? [Please (X)] Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If "Yes" please give details : | | | |

| EDUCATIONAL QUALIFICATIONS | | | | | |
|--|-------|---|-----------------|-----------------------|---------------------|
| Description | Title | School / College / University / Institute | Year of Passing | Medium of Instruction | Aggregate Marks (%) |
| School | | | | | |
| Graduation | | | | | |
| Post Graduation | | | | | |
| Other Qualification or Training (if any) | | | | | |

| PREVIOUS EMPLOYMENT | | | | | |
|---------------------------|-------------------|----|---------------------------|----------------------------|-------------------|
| Employer's Name & Address | Period of Service | | Total No. of Years/Months | Designation & Area of work | Reason for change |
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| REFERENCES | |
|---------------------------------|---------------------------------|
| Name & Address of REFERENCE 1 : | Name & Address of REFERENCE 2 : |
| Phone Number: | Phone Number: |

Any additional information that may be relevant to your employment :

DECLARATION

I certify that the information presented in this **Employment Application Form** and other application material is accurate, complete and honestly presented. I understand and agree that any inaccurate information, misleading information or omission will be cause for the revision of any offer of employment or bring about disciplinary action or dismissal if discovered at a later date.

I hereby authorize **Zoram Mega Food Private Ltd** to verify information provided on the Employee Application Form as well as any supporting documentation or correspondence

I agree to abide by the Rules and Regulations covering the employment with **Zoram Mega Food Park Pvt Ltd**. I understand that filling this form does not guarantee selection for permanent employment and that the decisions noted/presented in this form are recommendations only. I clearly understand that the jurisdiction for all disputes is Aizawl Mzoram, India.

Date:

Signature of the Applicant:

Place:

Name of Applicant:

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|-------------------------------------|---|
| Recommendation | <input type="checkbox"/> Selected <input type="checkbox"/> Rejected <input type="checkbox"/> Waitlisted |
| Probation Period Suggested | |
| Suggested Scale/Consolidated Salary | |
| Contract Period | |
| Joining Date (dd/mm/yyyy) | ___/___/_____ |
| Authorized Signatory : | Name of Authorized Signatory : |